PATENT APPLICATION FEE DETERMINATION RECO								,	Application or Docket Number				
Effective October 1, 2003								10776255					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
Ľ	OTAL CLAIM	s 	23	23		<u> </u>		RATE	FEE		RATE		
F	OR		NUMBE	NUMBER FILED		8ER EXTRA	1	BASIC FEE 3		o OF	BASIC FE		
TOTAL CHARGEABLE CLAIMS			27,	구국 minus 20=		3		X\$ 9=		OF		-	
IN	DEPENDENT (CLAIMS"	2	2 minus 3 =		0		X43=	1	7	}	124	
M	JUTIPLE DEPE	NDENT CLAIM	PRESENT	RESENT		· 🗖	1			- OA	^00=	 	
•	the differenc	ן י	+145=		OR	+290=							
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	824	
_	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR		R THAN ENTITY	
Ą		CLAIMS REMAINING		HIGHE NUMB	ER	PRESENT	lΓ		ADDI-	7		ADDI-	
TEN		AFTER AMENDMENT	,	PREVIO		EXTRA] . [RATE	TIONAL	-	RATE	TIONAL FEE	
AMENDMENTA	Total	· ×	Minus	1-2	3	•	łſ	X\$ 9=		OR	X	1	
AME	Independent	•	Minus	1 6	<u>3:</u>		ļΓ	X43=		OR			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT-CLAIM								 			[
/. ₁₈								+145= TOTAL	<u> </u>	OR	+290=		
		(Oak	•				A	DOIT. FEE		OR	ADDIT. FEE		
		(Column 1) CLAIMS	7	(Colum		(Column 3)) <u></u>			, ,			
AMENDMENT B	 	REMAINING AFTER AMENDMENT		PAID FO	ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		2		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***				X43=			X86=		
1	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT C	LAIM		 -			OR	∨ 00=		
							Ľ	145=		OR	+290=		
•								TOTAL DIT. FEE		OR A	TOTAL ODIT, FEE		
_		(Column 1)		(Column		(Column 3)	ı						
		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA	F	ATE	ADDI-		RATE	ADDI- TIONAL	
ЕΓ	l'otal	•	Minus	••		•	大	S 9=	FEE	_ 	V245	FEE	
	ndependent	*	Minus	***		•	-			OR L	X\$18=		
	FIRST PRESE	· -'	(43=		OR	X86=							
+145= OR +290=											+290=		
- 11 (If the may in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									~a Ł	TOTAL		
	ure Jeithest Will	tber Previously Pa ter Previously Pal	aid For IN THE	S SPACE in le	ee than	3 contact *3 *		fT. FEE L	f	~~	DOTT. FEE; L		
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